



**VETERINARIAN
LOAN REPAYMENT PROGRAM
REQUEST FOR REIMBURSEMENT**

ND Department of Health
Division of Health Facilities
SFN 53033 (5-2007)

Dept. Use Only

File Number:

Contract Number:

Telephone: 701-328-2353

Name of Veterinarian:

Name of Community

I am requesting reimbursement from the Veterinarian Loan Repayment Program per Chapter 43-29.1 of the North Dakota Century Code. I have completed the required six (6) months of full-time service in a community and I am therefore eligible to receive the first year payment.

Date the six (6) months of full-time service
completed:

First Year Payment:

Please send my payments to:

Address

City

State

Zip Code

Signature of Veterinarian

Date